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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) 655 Beach Street ADDRESS (number and street) Check if different than previously San Francisco CA 94109 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00196246 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 28 2006 12 3 1 2006 1 1 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Benjamin Bank Type or Print Name of Treasurer Electronically Filed by Benjamin Bank 0 1 26 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE

Page 2

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) D D D 28 12 2006 3 1 2006 1.1 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 535866.50 [°]2006 January 1 (b) Cash on Hand at 645717.27 Begining of Reporting Period 59150.49 845604.59 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 704867.76 1381471.09 6(a) and 6(c) for Column B) 20956.33 697559.66 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 683911.43 683911.43 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

(subtract Line 18(c) from Line 19)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

м N 1 1 2^D8 м м 1 2 3^D1 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 54833.75 743436.75 (i) Itemized (use Schedule A) 4207.50 100945.25 (ii) Unitemized (iii) TOTAL (add 59041.25 844382.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 59041.25 844382.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 109.24 1222.59 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 59150.49 845604.59 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 59150.49 845604.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

I.	I. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ating Expenditures: ————————————————————————————————————		
	Activity (from Schedule H4)	0.00	0.00
((i) Federal Share		
((ii) Non-Federal Share	0.00	0.00
(b) (Other Federal Operating		
	Expenditures	3761.33	13604.66
. ,	Total Operating Expenditures	3761.33	13604.66
	(add 21(a)(i), (a)(ii) and (b))	3701.33	13004.00
	mittees	0.00	0.00
 Contr Feder 	ributions to		
and C	Other Political Committees	13500.00	617000.00
	pendent Expenditure Schedule E)	3330.00	65860.00
Coord	dinated Expenditures Made by Party		
Comr (use :	mittees (2 U.S.C. 441a(d)) Schedule F)	0.00	0.00
6. Loan	Repayments Made	0.00	0.00
	s Made	0.00	0.00
(a) I	Individuals/Persons Other Than Political Committees	365.00	1095.00
		0.00	0.00
` '	Political Party Committees	0.00	0.00
(/	Other Political Committees (such as PACs)	0.00	0.00
	Total Contribution Refunds		
` '	(add Lines 28(a), (b), and (c))	365.00	1095.00
9. Other	r Disbursements	0.00	0.00
n Fada	eral Election Activity (2 U.S.C 431(20))		
	Shared Federal Election Activity		
` '	from Schedule H6)	2.22	
((i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
1. Total	Disbursements (add Lines 21(c), 22,		
	24, 25, 26, 27, 28(d), 29 and 30(c))	20956.33	697559.66
	_		
	al Federal Disbursements		
`	tract Line 21(a)(ii) from Line 30(a)(ii)	20956.33	697559.66
Irom	Line 31)	20300.33	09/009.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	59041.25	844382.00
34.	Total Contribution Refunds (from Line 28(d))	365.00	1095.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	58676.25	843287.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3761.33	13604.66
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	3761.33	13604.66

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	nc Politica	I Committee (OPHTHPAC)	
<u>/</u>	Full Name (Last, First, Middle Initial) Peter Amaral Mailing Address 635 Medical Parkway City Brenham FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Steven Andersen	State TX C Occupation Ophthaln Aggregate		Date of Receipt M M
J.	Mailing Address Suite B 38707 Stivers Street City Fremont FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State CA C Occupation Ophthaln Aggregate		Transaction ID: A5YT0W884224 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
D.	Full Name (Last, First, Middle Initial) Richard Apt Mailing Address Suite 803 2080 Century Park E City Los Angeles FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State CA C Occupation Ophthaln Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		_	1550.00
Т	OTAL This Period (last page this line number o	nlv)	_	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NU	
	EMIZED RECEIPTS		or each category of the	(check only on	· — —
• •			Detailed Summary Page	X 11a 13	11b 11c 12 14 15 16 17
An	y information copied from such Reports and State	ements may	not be sold or used by any perso		
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributio	ons from such committee.
\	NAME OF COMMITTEE (In Full)				
/	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)		
۸.	Full Name (Last, First, Middle Initial) William Atkins			Date of Re	ceipt
	Mailing Address 150 Market Hills Drive			1 2	07
	City	State	Zip Code	Transactio	n ID: 93000-87687319517136
	Boone	NC	28607-3678	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			91.25
	Name of Employer self	Occupation		PAC 4th of	f 4
		Ophthaln		_	
	Receipt For:	Aggregate	e Year-to-Date ▼	. [
	Primary General Other (specify) ▼		615.00		
	Care. (cpss.ij) \		0 0 0 0 0 0 0		
3.	Full Name (Last, First, Middle Initial) David Auerbach			Date of Re	ceipt
	Mailing Address Eye Physicians of Centra 225 West State Road 434		1	1 2	1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transactio	n ID: 30DZ4O501808
	Longwood	FL	32750	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			365.00
	Name of Employer	Occupation	n	Batch Tool	I - PAC
	self	Ophthaln			
	Receipt For:	•	Year-to-Date ▼		
	Primary General				
	Other (specify) ▼		730.00		
Э.	Full Name (Last, First, Middle Initial) David Auerbach			Date of Re	ceipt
	Mailing Address Eye Physicians of Centra 225 West State Road 434		1	1 2 /	19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code		n ID: 1PWLQ0472148
	Longwood	FL	32750		Each Receipt this Period
	FEC ID number of contributing			1 1	
	federal political committee.	C			365.00
	Name of Employer	Occupation	n	Batch Tool	l - PAC refunded lica
	self	Ophthaln	•		
	Receipt For:	Aggregate	e Year-to-Date ▼	.	
	Primary General Other (specify) ▼		730.00		
	Ciriei (specify) 🔻		0 0 0 0 0 0 0		
_	UDTOTAL (CD) (CT) TO CO (CT) TO				821.25
S	UBTOTAL of Receipts This Page (optional)		······		OZ IIZO
T	OTAL This Period (last page this line number onl	y)	>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Statement for commercial purposes, other than using the name ar	its may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Pol	olitical	Committee (OPHTHPAC)	
Α.	self Oph	Y upation	Zip Code 14221-1771 n nologist e Year-to-Date ▼	Date of Receipt 1 2 0 0 6 Transaction ID: A5YT0W355377 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
3.	Full Name (Last, First, Middle Initial) J Bronwyn Bateman Mailing Address Rocky Mountain Lions Eye Ins Campus Box F-731; PO Box 6 City Sta Aurora CC FEC ID number of contributing	<u>6510</u> ate	Zip Code 80045	Date of Receipt M M
	Name of Employer Self Occu		n nologist e Year-to-Date ▼ 730.00	Batch Tool - PAC
D.	self Oph	upation	Zip Code 15143-1500 n nologist e Year-to-Date ▼	Date of Receipt 1 1 2 9 2 0 0 6 Transaction ID: A77G6W620915 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
SI	JBTOTAL of Receipts This Page (optional)		>	1865.00
T	OTAL This Period (last page this line number only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	ny information copied from such Reports and Statement for commercial purposes, other than using the name a	ents may and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Po	Political	Committee (OPHTHPAC)	
A .	Philadelphia PEC ID number of contributing federal political committee. Name of Employer self Occ Op Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Bennett Mailing Address 749 Central Avenue	cupation ohthalm	Zip Code 19134-5104 nologist Year-to-Date ▼ Zip Code	Date of Receipt 1 2
	FEC ID number of contributing federal political committee. Name of Employer self Occ Op	cupation ohthalm	03820-3404 nologist Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 250.00 Batch Tool - PAC
C .	Pittsburgh P FEC ID number of contributing federal political committee. Name of Employer Self Octoor	State PA ccupation ohthalm	Zip Code 15232 nologist Year-to-Date ▼	Date of Receipt M M M / B D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		>	391.25
T	OTAL This Period (last page this line number only)		>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 68
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)	_
Full Name (Last, First, Middle Initial) John Bishop			Date of Receipt
Mailing Address Suite 108 4707 Everhart Road		7:01	12 08 2006
City Corpus Christi	State TX	Zip Code 78411-2751	Transaction ID: 31KG6H521234 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70411 2701	365.00
Name of Employer self	Occupation		Batch Tool - PAC
Receipt For:	Ophthaln Aggregate	e Year-to-Date ▼	-
Primary General Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial) Louis Blumenfeld			Date of Receipt
Mailing Address Suite 111 225 W State Road 434			12 / 14 / 2006
City	State FL	Zip Code	Transaction ID: 30DZ4O845741
Longwood		32750-4980	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC
Name of Employer self	Occupation Ophthaln		Batch 1001-1 AC
Receipt For:		Year-to-Date ▼	-
Primary General Other (specify) ▼		730.00	
Full Name (Last, First, Middle Initial) Louis Blumenfeld			Date of Receipt
Mailing Address Suite 111 225 W State Road 434			12 19 2006
City Longwood	State FL	Zip Code 32750-4980	Transaction ID: 1PWLQ0563261
FEC ID number of contributing		32730-4900	Amount of Each Receipt this Period
federal political committee.	C		365.00 Batch Tool - PAC refunded
Name of Employer self	Occupation Ophthaln		1.5.07 duplica
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	730.00	
SUBTOTAL of Receipts This Page (optional)			1095.00
TOTAL This Period (last page this line number or	alv)		

SCHEDULE A (FEC Fo	orm 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 68
ITEMIZED RECEIPTS	•	or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such For for commercial purposes, other t	Reports and Statements may han using the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Fu American Academy of Oph	•	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Ir James Bobrow Mailing Address Suite 304	amec Avenue		Date of Receipt 1 2 0 4 2 0 0 6
City	State	Zip Code	Transaction ID: A5YT0W896541
Clayton	MO	63105-3745	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Ir William Brawner	nitial)		Date of Receipt
Mailing Address 610 Brunso	on Drive		11 28 7 2006
City	State	Zip Code	Transaction ID: A77G6W372818
Tupelo	MS	38801-4947	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	365.00	
Full Name (Last, First, Middle Ir Todd Brockman	nitial)		Date of Receipt
Mailing Address Suite 403 2000 S Wh	eeling Avenue		12 02 7 2006
City	State	Zip Code	Transaction ID: 93000-84750002622605
Tulsa	OK	74104-5641	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer self	Occupation Ophthaln		PAC 2nd of 4
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 865.00	
SUBTOTAL of Receipts This Pag	e (optional)		1115.00
TOTAL This Period (last page this	s line number only)		

SCH	EDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/68
	MIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any inf	formation copied from such Reports and State	ements may	not be sold or used by any perso	
or for c	commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
\ NA	ME OF COMMITTEE (In Full)			
An	nerican Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
/ 	Nome (Leet First Middle Initial)			
_	l Name (Last, First, Middle Initial) Brody			Date of Receipt
	ling Address McDonough Eye Assoc			M M / D D / Y Y Y Y
	505 E Grant Street			12 19 2006
City		State	Zip Code	Transaction ID: 1PWLQ0962661
	acomb	IL	61455	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		500.00
	·			Batch Tool - PAC
Nar self	me of Employer	Occupation		Baton 1001 - 1 AO
		Ophthaln	<u> </u>	-
nec	ceipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
_	Name (Last, First, Middle Initial)			B (B
	dward Bryant			Date of Receipt
iviai	iling Address 303 West Polk Street			12 19 2006
City	/	State	Zip Code	Transaction ID: 1PWLQ0292856
We	est Memphis	AR	72301-4262	Amount of Each Receipt this Period
FE	C ID number of contributing			250.00
	eral political committee.	C		250.00
Nar	me of Employer	Occupation	 1	Batch Tool - PAC
self		Ophthaln		
Red	ceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		200.00	
Full	Name (Last, First, Middle Initial)			
	n Bullock			Date of Receipt
Mai	ling Address 400 Westhampton Statio	n		M M / D D / Y Y Y Y Y Y 1 2 0 0 6
City	,	State	Zip Code	12 12 2006
•	/ chmond	VA	23226-3330	Transaction ID: DOEVKJ333344 Amount of Each Receipt this Period
	C ID number of contributing		20220 0000	
	eral political committee.	C		500.00
Nic	mo of Employer	Occupation	2	Batch Tool - PAC
self	me of Employer	Occupation Ophthaln		
Red	ceipt For:		Year-to-Date V	1
	Primary General	35 3		
	Other (specify) ▼		500.00	
				1250.00
SUBT	OTAL of Receipts This Page (optional)		<u> </u>	1230.00
TOT *	I This Paying (last page this line as and are			
IUIA	L This Period (last page this line number onl	y)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Statemer for commercial purposes, other than using the name a	nts may and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Po	olitical	Committee (OPHTHPAC)	
A. 3.	Louisville K FEC ID number of contributing federal political committee. Name of Employer Self Occ Op	tate XY cupation	Zip Code 40216-1771 nologist Year-to-Date ▼ 375.00	Date of Receipt M
	City Si Corpus Christi T: FEC ID number of contributing federal political committee. Name of Employer self City Si Corpus Christi T. Corpus Christi Corpu	cupation hthalm	Zip Code 78413-2953 nologist Year-to-Date ▼ 1000.00	Transaction ID: 30DZ4O320773 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
C .	Indianapolis FEC ID number of contributing federal political committee. Name of Employer self Occ Op	tate N cupatior	Zip Code 46202-5175 nologist Year-to-Date ▼	Date of Receipt M M
S	UBTOTAL of Receipts This Page (optional)		·····	1490.00
Т	OTAL This Period (last page this line number only)		>	

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	3X)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us	and Statements ma ing the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalm	ology Inc Politica	I Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) A. Moiz Carim Mailing Address 2630 Westview [City Wyomissing FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State PA C Occupatio Ophthalr		Date of Receipt 1
Full Name (Last, First, Middle Initial) Roger Carlson Mailing Address Redwood Eye Ce 2852 Redwood P City Vallejo FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State CA C Occupatio Ophthalr		Date of Receipt M
Full Name (Last, First, Middle Initial) Ronald Caronia Mailing Address Floor 3 360 Merrick Road City Lynbrook FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State NY C Occupatio Ophthalr		Date of Receipt 1 1 2 8 2 0 0 6 Transaction ID: A77G6W714664 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
SUBTOTAL of Receipts This Page (option	onal)		581.25
TOTAL This Period (last page this line n	umber only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 68
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	v information copied from such Reports and Sta	tements may	not be sold or used by any person	
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)	
A.	Full Name (Last, First, Middle Initial) Denise Chamblee			Date of Receipt
	Mailing Address 11800 Rock Landing Dri	ve		12 04 2006
	City	State	Zip Code	Transaction ID: A5YT0W222537
	Newport News	VA	23606-4206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:		Year-to-Date V	
	Primary General	1.99.19		1
	Other (specify) ▼	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Kenneth Paul Cheng			Date of Receipt
	Mailing Address 1000 Stonewood Drive Suite 310			12 12 2006
	City	State	Zip Code	Transaction ID: DOEV99604333
			1	Transaction ib. DOL V33004333
	Wexford	PA	15090-8386	Amount of Each Receipt this Period
	Wexford FEC ID number of contributing federal political committee.	PA C	•	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing	C	15090-8386	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer self	Occupation Ophthalm	15090-8386	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. Name of Employer	Occupation Ophthalm	15090-8386 nologist Year-to-Date ▼	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. Name of Employer self Receipt For:	Occupation Ophthalm	15090-8386	Amount of Each Receipt this Period 500.00
c.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Christopher Coad	Occupation Ophthalm	15090-8386 nologist Year-to-Date ▼	Amount of Each Receipt this Period 500.00
c.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation Ophthalm	15090-8386 nologist Year-to-Date ▼	Amount of Each Receipt this Period 500.00 Batch Tool - PAC
c.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Christopher Coad Mailing Address Chelsea Eye Assoc Llp 157 West 19th Street City	Occupation Ophthalm Aggregate	15090-8386 nologist Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 500.00 Batch Tool - PAC Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Christopher Coad Mailing Address Chelsea Eye Assoc Llp 157 West 19th Street City New York	Occupation Ophthalm Aggregate	15090-8386 nologist Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 500.00 Batch Tool - PAC Date of Receipt 12 07 2006
<u></u> С.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Christopher Coad Mailing Address Chelsea Eye Assoc Llp 157 West 19th Street City	Occupation Ophthalm Aggregate	15090-8386 nologist Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 500.00 Batch Tool - PAC Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Christopher Coad Mailing Address Chelsea Eye Assoc LIp 157 West 19th Street City New York FEC ID number of contributing	Occupation Ophthalm Aggregate	15090-8386 n nologist Year-to-Date ▼ 500.00 Zip Code 10011	Amount of Each Receipt this Period 500.00 Batch Tool - PAC Date of Receipt 1 2 0 7 2 0 0 6 Transaction ID: 1Q496A355259 Amount of Each Receipt this Period
C.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Christopher Coad Mailing Address Chelsea Eye Assoc Llp 157 West 19th Street City New York FEC ID number of contributing federal political committee. Name of Employer self Receipt For:	Occupation Ophthalm Aggregate State NY C Occupation Ophthalm	15090-8386 n nologist Year-to-Date ▼ 500.00 Zip Code 10011	Amount of Each Receipt this Period 500.00 Batch Tool - PAC Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 c.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Christopher Coad Mailing Address Chelsea Eye Assoc LIp 157 West 19th Street City New York FEC ID number of contributing federal political committee. Name of Employer self	Occupation Ophthalm Aggregate State NY C Occupation Ophthalm	15090-8386 nologist Year-to-Date ▼ 500.00 Zip Code 10011	Amount of Each Receipt this Period 500.00 Batch Tool - PAC Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Christopher Coad Mailing Address Chelsea Eye Assoc LIp 157 West 19th Street City New York FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalm Aggregate State NY C Occupation Ophthalm Aggregate	Tip Code 10011 Zip Code 10011 Thologist Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 500.00 Batch Tool - PAC Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Christopher Coad Mailing Address Chelsea Eye Assoc Llp 157 West 19th Street City New York FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	Occupation Ophthalm Aggregate State NY C Occupation Ophthalm Aggregate	Tip Code 10011 Zip Code 10011 Thologist Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 500.00 Batch Tool - PAC Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Statements for commercial purposes, other than using the name and	s may not be sold or used by any person d address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Poli	tical Committee (OPHTHPAC)	
A .		pation halmologist egate Year-to-Date ▼ 730.00	Date of Receipt M M
		39506-6545	Transaction ID: 93000-27888125181198 Amount of Each Receipt this Period 250.00 PAC 3rd of 4
C.		e Zip Code 91107-1409	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)	>	865.00
T	OTAL This Period (last page this line number only))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 17/68
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b	11c
			Detailed Summary Page	13 14	15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of solicit solicit contributions from s	ing contributions such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		·		
\rangle	American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)	_	
۹.	Full Name (Last, First, Middle Initial) Elliot Davidoff			Date of Receipt	
	Mailing Address Center for Sight 1371 W Main Street			11 29	2006
	City Newark	State OH	Zip Code 43055-3676	Transaction ID: A7	
	FEC ID number of contributing		43033-3070	Amount of Each Rec	
	federal political committee.	C		Datab Task DAG	365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	
	Receipt For:		e Year-to-Date ▼		
	Primary General Other (specify) ▼		365.00		
3.	Full Name (Last, First, Middle Initial) Daniel Day			Date of Receipt	
	Mailing Address 8401 Golden Valley Roa	ıd #330		12 / 22	2006
	City	State	Zip Code	Transaction ID: 70	NL5G893057
	Golden Valley	MN	55427-4488	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C		Batch Tool - PAC	500.00
	Name of Employer Northwest Eye Clinic; PA	Occupation Ophthaln		Balcii 1001 - PAC	
	Receipt For:		Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)	0 0	300.00		
<u>.</u> Э.	Full Name (Last, First, Middle Initial) David DeRose			Date of Receipt	
	Mailing Address 141 S Main Street			12 31	2006
	City	State	Zip Code	Transaction ID: 3T	
	Wilkes Barre	PA	18701-1607	Amount of Each Rec	
	FEC ID number of contributing federal political committee.	С			300.00
	Name of Employer self	Occupation Ophthaln		TION TION	ATED CONTRIBU-
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00		
s	UBTOTAL of Receipts This Page (optional)				1165.00
	OTAL This Period (last page this line number or	alv)			
- 1	CIAL THIS I CHOO (last page this line humber of	" y /	······································		

6	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 18 / 68
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δn	y information copied from such Reports and Stat	tomonte may	y not be sold or used by any perso	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)			
/	,	a Dalitiaal	Committee (ODLITUDAC)	
/	American Academy of Ophthalmology Ir	ic Political	Committee (OPHTHPAC)	
_	Full Name (Last First Middle Initial)			
Δ	Full Name (Last, First, Middle Initial) William Deutsch			Date of Receipt
٠.				
	Mailing Address Suite 918 1725 West Harrison Stre	ot		12 12 2006
	City	State	Zip Code	Transaction ID: DOEVM3733956
		II	•	
	Chicago	IL.	60612-3863	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer	Occupation	n	Batch Tool - PAC
	self	Ophthaln		
	Desciret Ferri	<u> </u>		_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	500.00	
	Other (specify) ▼			
	Full Name (Last, First, Middle Initial)	1 5		
3 .	David Diskin	Date of Receipt		
	Mailing Address Michigan Eye Institute	M M / D D / Y Y Y Y		
	4499 Town Center Parkv	12 26 2006		
	City	State	Zip Code	Transaction ID: 00150-63128298521042
	Flint	MI	48532	Amount of Each Receipt this Period
	FEC ID number of contributing			91.25
	federal political committee.	C		91.25
				PAC 4th of 4
	Name of Employer self	Occupation		
		Ophthaln		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		265.00	
	Other (specify)		365.00	
	Full Name (Last, First, Middle Initial)			
Э.	Eric Dunn			Date of Receipt
	Mailing Address 472 Ridge Lane			M M / D D / Y Y Y Y
				12 08 2006
	City	State	Zip Code	Transaction ID: 93000-53832644224167
	Mays Landing	NJ	08330-1653	Amount of Each Receipt this Period
	FEC ID number of contributing		* * * * * *	24.05
	federal political committee.	C		91.25
	·			PAC 4th of 4
	Name of Employer self	Occupation		17.0 - 111 01 -
		Ophthaln		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		365.00	
				1
9	UBTOTAL of Receipts This Page (optional)			682.50
_	ODITION OF TROOLIPES THIS T age (optional)		······	
_	OTAL This Davied (lost case this line assets as	J. A		
- 11	OTAL This Period (last page this line number on	ııy)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/68
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may	r not be sold or used by any perso	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ine and add	liess of any political committee to	Solicit Contributions from Such Committee.
American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) A. Dion Ehrlich			Date of Receipt
Mailing Address Suite 103 7500 Central Avenue			12 18 2006
City	State	Zip Code	Transaction ID: 19DNEZRRSOQI02
Philadelphia	PA	19111-2431	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self	Occupation Ophthalm		PACWEB GENERATED CONTRIBU- TION
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) 3. Matthew Farber			Date of Receipt
Mailing Address Suite 300 7900 W Jefferson Boulev	ard ard		12 06 2006
City	State	Zip Code	Transaction ID: 1Q496A200859
Fort Wayne	IN	46804-4128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer self	Occupation		Batch Tool - PAC
Receipt For:	Ophthalm	nologist Year-to-Date ▼	_
Primary General	Aggregate		
Other (specify) ▼	0 0	2000.00	
Full Name (Last, First, Middle Initial) Robert Fechtner			Date of Receipt
Mailing Address Suite 6100 90 Bergen Street			12 12 2006
City	State	Zip Code	Transaction ID: DOEVM3830787
Newark	NJ	07103-2425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupation Ophthalm		Batch Tool - PAC
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	465.00	
SUBTOTAL of Receipts This Page (optional)			1865.00
TOTAL This Period (last page this line number only	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Statements for commercial purposes, other than using the name and	s may not be sold or used by any person d address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Poli	itical Committee (OPHTHPAC)	
/ А.		37215-2439	Date of Receipt 1 2
	City State Brookline MA FEC ID number of contributing federal political committee. Name of Employer Self Occup Opht	02446-4905	Transaction ID: 6NJ20B982903 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C.		21201-4606	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)	>	855.00
T	OTAL This Period (last page this line number only))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	nc Politica	I Committee (OPHTHPAC)	
A .	Full Name (Last, First, Middle Initial) Steve Friedlander Mailing Address Nevada Retina Assoc 610 Sierra Rose Drive City Reno FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State NV C Occupation Ophthalm Aggregate		Date of Receipt M M
3.	Thomas Gardner Mailing Address Penn State Univ Med Sc PO Box 850 City Hershey FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State PA C Occupation Ophthalm		Date of Receipt M M
C.	Full Name (Last, First, Middle Initial) Tanya Ghosh Mailing Address 493 Santa Barbara Drive City Los Altos FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State CA C Occupation Ophthalm		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		_	500.00
T	OTAL This Period (last page this line number or	ılv))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 68
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
		• •	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) A. Gregory Gibb			Date of Receipt
Mailing Address 2840 O'Neil Lane			12 15 2006
City	State	Zip Code	Transaction ID: 6K4G4A914492
Eureka	CA	95503-4870	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer self	Occupation Ophthalm		Batch Tool - PAC
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	1 1	250.00	
Full Name (Last, First, Middle Initial) 3. James Gills			Date of Receipt
Mailing Address PO Box 5000 43309 US Highway 19 N	12		
City	State	Zip Code	Transaction ID: 00150-04218691587448
Tarpon Springs	FL	34688-5000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00 PAC 2nd of 4
Name of Employer self	Occupation		FAC 2110 01 4
Receipt For:	Ophthalm	Professional Prof	
Primary General Other (specify) ▼	7.99.094.0	750.00]
Full Name (Last, First, Middle Initial) James Gills			Date of Receipt
Mailing Address PO Box 5000 43309 US Highway 19 N	North		12 26 2006
City	State	Zip Code	Transaction ID: 00150-43430727720261
Tarpon Springs	FL	34688-5000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00 PAC 3rd of 4
Name of Employer self	Occupation Ophthalm		PAC SIG 01 4
Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
Other (specify) ▼		750.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Pariod (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 68 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology I	nc Politica	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Robert Gold			Date of Receipt
	Mailing Address Eye Physicians of Centr 225 W State Road 434			1 2 1 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 30DZ4O721441
	Longwood	FL	32750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		730.00	
3.	Full Name (Last, First, Middle Initial) Robert Gold			Date of Receipt
	Mailing Address Eye Physicians of Centr 225 W State Road 434	12 19 2006		
	City	State	Zip Code	Transaction ID: 1PWLQ0467733
	Longwood	FL	32750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC refunded 1.5.07 duplica
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		730.00	
- C.	Full Name (Last, First, Middle Initial) Lynn Gordon			Date of Receipt
Mailing Address 100 Stein Plaza				12 14 2006
	City	State	Zip Code	Transaction ID: 93000-80216616392136
	Los Angeles	CA	90095-7065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		91.25
	Name of Employer self	Occupation Ophthaln		PAC 4th of 4
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
S	UBTOTAL of Receipts This Page (optional)			821.25
T	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 68 (check only one) X 11a
An or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	r not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
A .	self	State MI C Description Description Description Aggregate		Date of Receipt M M M / 28 / 2006 Transaction ID: 6NJ20B613553 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
3.	Receipt For: Primary General	State NY C Description Descr		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	self	State MA C Description Descr	Zip Code 01970-3764	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	JBTOTAL of Receipts This Page (optional)		·····	1250.00
T	OTAL This Period (last page this line number only)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc P	Political	Committee (OPHTHPAC)	
A .	Greensboro FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Erich Bryan Groos Mailing Address Cornea Consultants of Nash	ecupation ohthaln ggregate	Zip Code 27455-1362 n nologist e Year-to-Date ▼ 365.00	Date of Receipt 1 2
	2011 Murphy Avenue Suite 6 City S Nashville T FEC ID number of contributing federal political committee. Name of Employer self Occ.	602 State FN ccupation ohthaln	Zip Code 37203 n nologist e Year-to-Date ▼ 1250.00	1 1 2 8 2 0 0 6 Transaction ID: 14918-52672976255417 Amount of Each Receipt this Period 250.00 PAC 2nd of 4
D.	Nashville FEC ID number of contributing federal political committee. Name of Employer self Oc. Op.	602 State FN ccupation ohthaln	Zip Code 37203 n nologist e Year-to-Date ▼	Date of Receipt 1 2
s	UBTOTAL of Receipts This Page (optional)			591.25
T	OTAL This Period (last page this line number only)		.	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 26 / 68
			Use separate schedule(s) or each category of the	(check only one)
ı	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
<u>. </u>	NAME OF COMMITTEE (In Full)	arro arra aac	aroos or arry pointed committee to	CONTRACTOR IN CO
\rangle	American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Donald Hall			Date of Receipt
	Mailing Address 3303 Indiana Avenue			12 14 2006
	City	State	Zip Code	Transaction ID: 30DZ4O881448
	Vicksburg	MS	39180-4540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	_
	Primary General Other (specify) ▼	, and a second	250.00	
3.	Full Name (Last, First, Middle Initial) Cynthia Hampton			Date of Receipt
	Mailing Address Suite 204 451 Ruin Creek Road			12 18 2006
	City	State	Zip Code	Transaction ID: 00150-47469729185104
	Henderson	NC	27536-5920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer self	Occupation Ophthaln		PAC 2nd of 4
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
	Full Name (Last, First, Middle Initial) Mark Hatton			Date of Receipt
Mailing Address Ophthalmic Consultants of Boston 50 Stanford Street				12 02 7 2006
	City	State	Zip Code	Transaction ID: 93000-44991701841354
	Boston	MA	02114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		91.25
	Name of Employer Ophthalmic Consultants of Boston	Occupation Ophthaln		PAC 3rd of 4
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		273.75	
S	UBTOTAL of Receipts This Page (optional)			466.25
т	OTAL This Period (last page this line number or	าly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 68 (check only one) X
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	nc Politica	I Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) John Herlihy Mailing Address 4560 S Glenview Place City Rapid City FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	State SD C Occupation Ophthaln Aggregate		Date of Receipt M M M
	Other (specify) ▼ Full Name (Last, First, Middle Initial)		565.00	
3.	Ronald Glenn Herrington Mailing Address Suite 403 1190 N State Street City Jackson	State MS	Zip Code 39202-2413	Date of Receipt 1 2 0 5 2 0 0 6 Transaction ID: DPNG8Y414532 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	Occupation Ophthaln Aggregate		Batch Tool - PAC
C .	Full Name (Last, First, Middle Initial) Mark Hughes Mailing Address Suite 600 50 Staniford Street City Boston FEC ID number of contributing federal political committee. Name of Employer Ophthalmic Consultants of Boston Receipt For: Primary General Other (specify)	State MA C Occupatio Ophthaln Aggregate		Date of Receipt M M M
SI	UBTOTAL of Receipts This Page (optional)		_	1177.50
т	OTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	Check only one
Ar	y information copied from such Reports and Stat	ements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
$\sum_{i=1}^{\infty}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir			Solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) W Jackson Iliff Mailing Address Suite 7 4 W Rolling Crossroads City Catonsville FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State MD C Occupation Ophthalm Aggregate		Date of Receipt M
В.	Full Name (Last, First, Middle Initial) Edward Isbey Mailing Address Asheville Eye Associates 8 Medical Park Drive City Asheville FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State NC C Occupation Ophthaln		Date of Receipt M
C.	Full Name (Last, First, Middle Initial) Robert Janigian Mailing Address 158 Meshanticut Valley f City Cranston FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State RI C Occupation Ophthalm		Date of Receipt M
s	UBTOTAL of Receipts This Page (optional)			375.00
т	OTAL This Pariod (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 29 / 68
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
HEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
	information and formation Boards and Old			13 14 15 16 17
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
A.	Full Name (Last, First, Middle Initial) Joseph Kavanagh			Date of Receipt
	Mailing Address Eye Associates of Sequil 128 S Moss Street Suite			11 28 2006
	City	State	Zip Code	Transaction ID: 6NJ20B455541
	Seguin	TX	78155-5127	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify) ▼		400.00	
В.	Full Name (Last, First, Middle Initial) Michael Kay			Date of Receipt
	Mailing Address Suite L30			12 04 2006
	City 601 Walnut Street	State	Zip Code	Transaction ID: A5YT0W473989
	Philadelphia	PA	19106-3304	Amount of Each Receipt this Period
	FEC ID number of contributing			
federal political committee.			250.00	
	Name of Employer	Occupation	1	Batch Tool - PAC
	self	Ophthaln		
			Year-to-Date ▼	
Primary General Other (specify) ▼		250.00		
				1
C.	Full Name (Last, First, Middle Initial) Tae Kim			Date of Receipt
	Mailing Address Suite 202 11829 South Street			1 2 1 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 30DZ4O286337
	Cerritos	CA	90703-6828	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	Name of Employer Self Occupation Ophthalm			
				Batch Tool - PAC
			nologist e Year-to-Date ▼	_
			: Teal-10-Date ▼	7
	Other (specify) ▼		250.00	
				1
s	UBTOTAL of Receipts This Page (optional)		<u> </u>	900.00
Т	OTAL This Period (last page this line number on	ly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
An	ny information copied from such Reports and Stateme	ents may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	e and add	ress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc F	Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Douglas Kopp Mailing Address Suite 10			Date of Receipt
	2222 W 24th Street			12 07 2006
	•	State	Zip Code	Transaction ID: 1H1Q496EB1HE3F
	EEC ID number of contributing	TX C	79072-1802	Amount of Each Receipt this Period 500.00
	colf '	ccupatior phthalm		PACWEB GENERATED CONTRIBU- TION
		•	Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Alexandra Kostick	Date of Receipt		
	Mailing Address Suite 104 3 Pine Cone Drive	12 11 2006		
	•	State	Zip Code	Transaction ID: 93000-16186159849167
		FL	32137-8684	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			91.25 PAC 2nd of 4
	ealf '	ccupatior phthalm		TAO ZIIU OI 4
		•	Year-to-Date ▼	
	Primary General Other (specify) ▼		547.50	
C.	Full Name (Last, First, Middle Initial) Bernd Kutzscher			Date of Receipt
	Mailing Address 172 32nd Avenue			1 2 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		State	Zip Code	Transaction ID: 00150-74462527036667
		CA	94121-1012	Amount of Each Receipt this Period
	Todard political committee.			125.00 PAC 2nd of 4
	self Op	ccupatior phthalm	nologist	FAC 2lid 01 4
	Receipt For: Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 750.00	
s	UBTOTAL of Receipts This Page (optional)			716.25
T	OTAL This Period (last nage this line number only)			

9	CHEDIII E A (EEC Form 3Y)			FOR LINE NUMBER: PAGE 31 / 68
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology	nc Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Raymond Larsen			Date of Receipt
	Mailing Address 916 Fifth Avenue North	east		12 05 7 2006
	City	State	Zip Code	Transaction ID: DPNG8Y788213
	Jamestown	ND	58401-3437	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	<u> </u>	Year-to-Date ▼ 365.00	
— В.	Full Name (Last, First, Middle Initial) Bruce Larson			Date of Receipt
	Mailing Address 126 West First Street			M M / D D / Y Y Y Y Y 1 1 2 1 2 0 0 6
	City	State	Zip Code	Transaction ID: DOEVKJ358824
	Hinsdale	IL	60521-4013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mark Latina			Date of Receipt
	Mailing Address Reading HIth Center 20 Pond Meadow Drive	Suite 203		12 12 2006
	City	State	Zip Code	Transaction ID: DOEVKJ400464
	Reading	MA	01867	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 564.00	
s	UBTOTAL of Receipts This Page (optional)			1230.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Statem for commercial purposes, other than using the name	ents may e and add	r not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc F	Political	Committee (OPHTHPAC)	
A .	Winthrop FEC ID number of contributing federal political committee. Name of Employer self October 100	State MA C ccupation phthalm		Date of Receipt M M
3.	Oklahoma City FEC ID number of contributing federal political committee. Name of Employer self October 100	State OK C ccupation phthalm		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Grand Haven FEC ID number of contributing federal political committee. Name of Employer self October 1	State MI C cccupation Ophthalm		Date of Receipt M M
S	UBTOTAL of Receipts This Page (optional)			875.00
T	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 68 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Mark Lindsay Mailing Address 2725 E 29th Street City Bryan FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	State TX C Occupatio Ophthalr Aggregate	nologist e Year-to-Date ▼	Date of Receipt M M J D D Z 2 0 0 6 Transaction ID: 1PWLQ0117763 Amount of Each Receipt this Period 25.00 Batch Tool - PAC
Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard Lindstrom Mailing Address Suite 106 710 E 24th Street	2011	325.00	Date of Receipt 1 2 0 5 2 0 0 6
City Minneapolis FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State MN C Occupatio Ophthalr Aggregate		Transaction ID: DPNG8Y387488 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
Full Name (Last, First, Middle Initial) David Loewy Mailing Address 407 Avenue K Southea City Winter Haven FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	State FL C Occupatio Ophthalr	nologist e Year-to-Date ▼	Date of Receipt M
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		365.00	1390.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 68 (check only one) X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Stator for commercial purposes, other than using the national states.	tements may ame and add	, not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)	
<u>′</u> ۵.	Full Name (Last, First, Middle Initial) Ronald Lowery			Date of Receipt
	Mailing Address #10 Hospital Circle			12 12 2006
	City	State	Zip Code	Transaction ID: DOEVM3271671
	Batesville	AR	72501-7310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) Matthew Paul Madion			Date of Receipt
	Mailing Address 929 Business Park Drive	1 2 1 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: DNEZQI092534
	Traverse City	MI	49686-8683	Amount of Each Receipt this Period
				Amount of Each receipt this remod
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	200.00
	FEC ID number of contributing		1	
	FEC ID number of contributing federal political committee. Name of Employer self Receipt For:	Occupation Ophthaln	1	200.00
	FEC ID number of contributing federal political committee. Name of Employer self	Occupation Ophthaln	n nologist	200.00
	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	Occupation Ophthaln	n nologist e Year-to-Date ▼	200.00
D .	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation Ophthaln	n nologist e Year-to-Date ▼	Batch Tool - PAC
D .	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Louis Maisel Mailing Address Suite 102 20 Squadron Boulevard City	Occupation Ophthaln Aggregate	n nologist e Year-to-Date ▼ 400.00	Date of Receipt M M 29 2006 Transaction ID: A77G6W328143
	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Louis Maisel Mailing Address Suite 102 20 Squadron Boulevard City New City	Occupation Ophthaln Aggregate	n nologist a Year-to-Date ▼ 400.00	Date of Receipt 11 1 29 200.6
D.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Louis Maisel Mailing Address Suite 102 20 Squadron Boulevard City	Occupation Ophthaln Aggregate	n nologist e Year-to-Date ▼ 400.00	Date of Receipt M M / 29 / 2006 Transaction ID: A77G6W328143 Amount of Each Receipt this Period
C.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Louis Maisel Mailing Address Suite 102 20 Squadron Boulevard City New City FEC ID number of contributing	Occupation Ophthaln Aggregate State NY C	n nologist e Year-to-Date ▼ 400.00 Zip Code 10956-5232	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Louis Maisel Mailing Address Suite 102 20 Squadron Boulevard City New City FEC ID number of contributing federal political committee. Name of Employer self Receipt For:	Occupation Ophthaln Aggregate State NY C Occupation Ophthaln	n nologist e Year-to-Date ▼ 400.00 Zip Code 10956-5232	Date of Receipt M M / 29 / 2006 Transaction ID: A77G6W328143 Amount of Each Receipt this Period
Э.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Louis Maisel Mailing Address Suite 102 20 Squadron Boulevard City New City FEC ID number of contributing federal political committee. Name of Employer self	Occupation Ophthaln Aggregate State NY C Occupation Ophthaln	n nologist e Year-to-Date ▼ 400.00 Zip Code 10956-5232	Date of Receipt M M / 29 / 2006 Transaction ID: A77G6W328143 Amount of Each Receipt this Period
C.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Louis Maisel Mailing Address Suite 102 20 Squadron Boulevard City New City FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	Occupation Ophthaln Aggregate State NY C Occupation Ophthaln Aggregate	Zip Code 10956-5232 nnologist e Year-to-Date ▼ 400.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Statemer for commercial purposes, other than using the name a	ents may and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Po	olitical	Committee (OPHTHPAC)	
<u>/</u> А.	Great Falls V. FEC ID number of contributing federal political committee. C. Name of Employer self Occ Op	cupation ohthalm	Zip Code 22066-2834 nologist Year-to-Date ▼ 365.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City St Clyde N FEC ID number of contributing federal political committee. Name of Employer self Occ Op	cupation ohthalm	Zip Code 28721 nologist Year-to-Date ▼ 500.00	Transaction ID: A5YT0W141435 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
D.	Dallas FEC ID number of contributing federal political committee. Name of Employer self Occ Op	cupation ohthalm	Zip Code 75231-5187 n nologist Year-to-Date ▼ 250.00	Date of Receipt M M
s	UBTOTAL of Receipts This Page (optional)	1115.00		
T	OTAL This Period (last page this line number only)		.	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 36 / 68 (check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stator for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmology I	Inc Politica	I Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) C McCarty			Date of Receipt
Mailing Address Suite 1015 1901 Medi Park Drive			12 08 2006
City	State	Zip Code	Transaction ID: 31KG6H570332
Amarillo	TX	79106-2167	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
Receipt For:	<u> </u>	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) 3. J Patrick McGraw			Date of Receipt
Mailing Address 10 Wildwood Lane			12 30 7 2006
City	State	Zip Code	Transaction ID: 1HEQK30DT9G812
Mountain Top	PA	18707-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer self	Occupatio Ophthalr		PACWEB GENERATED CONTRIBU- TION
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) 7. Timothy McInnis			Date of Receipt
Mailing Address Medical Eye Specialists 300 N Willson Avenue S	Suite 1003		12 21 7 2006
City Bozeman	State MT	Zip Code 59715	Transaction ID: KK44T6108O5P02 Amount of Each Receipt this Period
FEC ID number of contributing		33713	
federal political committee.	C		500.00
Name of Employer self	Occupatio Ophthalr		PACWEB GENERATED CONTRIBU- TION
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (optional)			1600.00
TOTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the nat NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc			on for the purpose of soliciting contributions solicit contributions from such committee.
<u>/</u> A.	Full Name (Last, First, Middle Initial) Priscilla Metcalf Mailing Address 2100 Regional Med Drive City Wharton FEC ID number of contributing federal political committee. Name of Employer	State TX C Occupation Ophthaln	Zip Code 77488-9719	Date of Receipt M
В.	oolf ' '	State HI C Occupation Ophthaln Aggregate		Date of Receipt M M
C.	oolf ' '	State OK C Occupation Ophthaln		Date of Receipt M
s	UBTOTAL of Receipts This Page (optional)			615.00
T	OTAL This Period (last page this line number only	v)	.	

S(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 68
	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Staten	nents mav	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nam	e and add	ress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\geq	American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Michael George Morgan			Date of Receipt
	Mailing Address 1617 Steele Boulevard			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 1PWLQ0368343
	Baton Rouge	LA	70808-1192	Amount of Each Receipt this Period
	FFC ID number of contribution			
	federal political committee.	C		500.00
	Name of Employer	Occupation	1	Batch Tool - PAC
	· · · · · · · · · · · · · · · · · · ·	Ophthalm		
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		1500.00	
		1 1		
3.	Full Name (Last, First, Middle Initial) Nancy Able Morrison			Date of Receipt
	Mailing Address 11345 Penbrooke Square;	Suite 10	5	M M / D D / Y Y Y Y
		11 28 2006		
	City	State	Zip Code	Transaction ID: A77G6W388219
	Waldorf	MD	20603-4804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
		\		Batch Tool - PAC
	colf ' '	Occupation Ophthalm		
		•	Year-to-Date ▼	
	Primary General	1 1	050.00	
	Other (specify) ▼	1 1	250.00	
	Full Name (Last, First, Middle Initial)			
Э.	Marlene Moster			Date of Receipt
	Mailing Address Suite 104 40 Monument Road			12 19 2006
	City	State	Zip Code	Transaction ID: 1PWLQ0184101
	Bala Cynwyd	PA	19004-1735	Amount of Each Receipt this Period
	FEC ID number of contributing	С		200.00
	federal political committee.	<u> </u>		
	nolf '	Occupation		Batch Tool - PAC
		Ophthalm		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		400.00	
		1 1	<u> </u>	
	UDTOTAL (CD.) (C. T.)			950.00
S	UBTOTAL of Receipts This Page (optional)		······	
т	OTAL This Period (last page this line number only)		•	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 39 / 68
	-		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology In	nc Politica	I Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) C Blake Myers			Date of Receipt
	Mailing Address 601 Halton Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 1V5UAU0BE77AP
	Greenville	SC	29607-3403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthaln		PACWEB GENERATED CONTRIBU- TION
	Receipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General	7 .gg. 0ga.c		1
	Other (specify) ▼		250.00	
			0 0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Philip Nelsen			Date of Receipt
	Mailing Address Retina Consultants Suite	M M / D D / Y Y Y Y		
	Jobst Tower/2109 Hughe	12 02 2006		
	City	State	Zip Code	Transaction ID: 92993-25814455747604
	Toledo	OH	43606-5141	Amount of Each Receipt this Period
	FEC ID number of contributing			105.00
	federal political committee.	C		125.00
				PAC 2nd of 4
	Name of Employer self	Occupation		
	Barrier Francisco	Ophthaln		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1250.00	
	Other (specify)	0 0		
Э.	Full Name (Last, First, Middle Initial) Christopher Newton			Date of Receipt
	Mailing Address Nh Eye Associates 1415 Elm Street			12 01 2006
	City	State	Zip Code	Transaction ID: A5YT0W765824
	Manchester	NH	03101	Amount of Each Receipt this Period
	FEC ID number of contributing			365.00
	federal political committee.	C		363.00
	Name of Employer	Occupation	_	Batch Tool - PAC
	Name of Employer self	Occupation		
	Receipt For:		e Year-to-Date V	
	Primary General	Aggregate	e real-to-Date V	,
	Other (specify)	' '	365.00	
	Caron (opcour), •		0 0 0 0 0 0 0	1
S	UBTOTAL of Receipts This Page (optional)		······	740.00
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FE	C Form 3X)	Lisa saparata sabadula(s)	FOR LINE NUMBER:	PAGE 40/68
ITEMIZED RECEIF	•	Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 13 14 14 14 15 16 16 16 16 16 16 16	11c 12 15 16 17
Any information copied from or for commercial purposes,	such Reports and Statements may other than using the name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciti solicit contributions from s	ng contributions uch committee.
NAME OF COMMITTEE American Academy of	(In Full) of Ophthalmology Inc Political	Committee (OPHTHPAC)		
Full Name (Last, First, Mi Karen Nixon Mailing Address N539	ddle Initial) 0 Rancho Viejo Road		Date of Receipt	/ Y Y Y Y Y Y 2 0 0 6
City Fond Du Lac	State WI	Zip Code 54935-9373	Transaction ID: A5\ Amount of Each Rec	YT0W813736
FEC ID number of contrib federal political committee	outing	04300 0070	Amount of Lacrified	1000.00
Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC	
Receipt For: Primary Other (specify) ▼	Aggregate Aggregate	e Year-to-Date ▼ 1000.00		
Full Name (Last, First, Mi David Orth	,		Date of Receipt	
	156th Street		12 14	2006
City	State	Zip Code		551-05816286802291
Harvey	IL	60426-4265	Amount of Each Rec	eipt this Period
FEC ID number of contribution federal political committee	e. C		PAC 3rd of 4	91.25
Name of Employer self	Occupation Ophthaln		7 70 314 01 4	
Receipt For: Primary Other (specify)	Aggregate	e Year-to-Date ▼ 273.75		
			1	
Full Name (Last, First, Mi John Panton	adie initial)		Date of Receipt	
Mailing Address 7740	North Avenue		12 05	2006
City	State	Zip Code	Transaction ID: DP	
Elmwood Park	IL	60707-4124	Amount of Each Rec	eipt this Period
FEC ID number of contribution federal political committee	e. C		Batch Tool - PAC	900.00
Name of Employer self	Occupation Ophthaln	nologist	Batch 1001-170	
Receipt For: Primary Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1200.00		
SUBTOTAL of Receipts Th	nis Page (optional)			1991.25
TOTAL This Period (last pa	age this line number only)			

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 68
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIVIIZED NEGEN 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Stat	ements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	lress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) John Peters			Date of Receipt
	Mailing Address 7802 Davenport Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: DNEZNH687427
	Omaha	NE	68114-3629	Amount of Each Receipt this Period
	FEC ID number of contributing		000020	
	federal political committee.	C		91.25
	Name of Employer	Occupation	1	Batch Tool - PAC
	self	Ophthaln	nologist	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		456.25	1
	Other (specify) ▼	0 0	450.25	
В.	Full Name (Last, First, Middle Initial) Walter Petersen			Date of Receipt
	Mailing Address 600 Broadway			12 14 2006
	City	State	Zip Code	Transaction ID: 30DZ4O533555
	Seattle	WA	98122-5395	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	V (5.1			Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln		
	Receipt For:	•	Year-to-Date V	_
	Primary General	Aggregate	Teal-to-Date V	1
	Other (specify)		250.00	
				1
C	Full Name (Last, First, Middle Initial)			Date of Deceipt
				Date of Receipt
Ο.	Thomas Pheasant Mailing Address Rennsylvania Retina Spe	ecialists Po		M M / D D / Y Y Y Y
0.	Mailing Address Rennsylvania Retina Spe 220 Grandview Avenue			12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
0.	Mailing Address Rennsylvania Retina Spe 220 Grandview Avenue City	State	Zip Code	1 2 0 4 2 0 0 6 Transaction ID: A5YT0W596305
O.	Mailing Address Rennsylvania Retina Spe 220 Grandview Avenue City Camp Hill			12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
O.	Mailing Address Rennsylvania Retina Spe 220 Grandview Avenue City	State	Zip Code	Transaction ID: A5YT0W596305 Amount of Each Receipt this Period
O.	Mailing Address Rennsylvania Retina Spe 220 Grandview Avenue City Camp Hill FEC ID number of contributing federal political committee. Name of Employer	State PA	Zip Code 17011-1740	Transaction ID: A5YT0W596305 Amount of Each Receipt this Period
0.	Mailing Address Rennsylvania Retina Spe 220 Grandview Avenue City Camp Hill FEC ID number of contributing federal political committee.	State PA C Occupation Ophthalm	Zip Code 17011-1740	Transaction ID: A5YT0W596305 Amount of Each Receipt this Period
O.	Mailing Address Rennsylvania Retina Spe 220 Grandview Avenue City Camp Hill FEC ID number of contributing federal political committee. Name of Employer	State PA C Occupation Ophthalm	Zip Code 17011-1740	Transaction ID: A5YT0W596305 Amount of Each Receipt this Period
0.	Mailing Address Rennsylvania Retina Spe 220 Grandview Avenue City Camp Hill FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	State PA C Occupation Ophthalm	Zip Code 17011-1740	Transaction ID: A5YT0W596305 Amount of Each Receipt this Period
0.	Mailing Address Rennsylvania Retina Spe 220 Grandview Avenue City Camp Hill FEC ID number of contributing federal political committee. Name of Employer self Receipt For:	State PA C Occupation Ophthalm	Zip Code 17011-1740	Transaction ID: A5YT0W596305 Amount of Each Receipt this Period
	Mailing Address Rennsylvania Retina Spe 220 Grandview Avenue City Camp Hill FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼	State PA C Occupation Ophthalm Aggregate	Zip Code 17011-1740 nologist Year-to-Date ▼ 1000.00	Transaction ID: A5YT0W596305 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
	Mailing Address Rennsylvania Retina Spe 220 Grandview Avenue City Camp Hill FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	State PA C Occupation Ophthalm Aggregate	Zip Code 17011-1740 nologist Year-to-Date ▼ 1000.00	Transaction ID: A5YT0W596305 Amount of Each Receipt this Period

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 / 68		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)	Ina Dalitiaal	Committee (ODUTUDAC)			
	American Academy of Ophthalmology	inc Political	Committee (OPHTHPAC)			
^	Full Name (Last, First, Middle Initial) C Downey Price			Date of Receipt		
Α.	Mailing Address Conroe Eye Clinic			M M / D D / Y Y Y Y		
	333 N Rivershire Drive	Suite 160		11 29 2006		
	City	State	Zip Code	Transaction ID: A77G6W458889		
	Conroe	TX	77304-2711	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		365.00		
	Name of Employer	Occupation	n	Batch Tool - PAC		
	self	Ophthaln				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		515.00			
	Carici (specify)	0 0				
В.	Full Name (Last, First, Middle Initial) Edward Raab			Date of Receipt		
	Mailing Address Department Ophth Mou 1 Gustave L Levy Place		12 04 2006			
	City	State	Zip Code	Transaction ID: A5YT0W169870		
	New York	NY	10029-0312	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		100.00		
	Name of Employer	Occupation	n	Batch Tool - PAC		
	self	Ophthaln				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
	Carer (epociny) •	0 0	0 0 0 0 0 0 0	1		
<u>С.</u>	Full Name (Last, First, Middle Initial) Michael Redmond			Date of Receipt		
C.	Mailing Address 8333 North Davis High	wav		M M / D D / Y Y Y Y		
		vvay		12 30 2006		
	City	State	Zip Code	Transaction ID: C1B71MEXE4G812		
	Pensacola	FL	32514-6050	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		500.00		
	federal political committee.			DACIMED OF MEDITED CONTRIBUT		
	Name of Employer self	Occupation		PACWEB GENERATED CONTRIBU- TION		
		Ophthaln	•	4		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,		
	Other (specify)		1000.00			
		-		4		
	UBTOTAL of Receipts This Page (optional)			965.00		
\vdash	ODIOTAL OF RECEIPTS THIS Page (OptiOnal)					
TOTAL This Period (last page this line number only)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 68
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Kristin Reidy			Date of Receipt
	Mailing Address 2947 Rodeo Park Dr. E			12 17 2006
	City	State	Zip Code	Transaction ID: 00150-51060122251511
	Santa Fe	NM	87505-6303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer	Occupation	1	PAC 3rd of 4
	self	Ophthaln	nologist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		740.00	
3.	Full Name (Last, First, Middle Initial) H Miller Richert			Date of Receipt
	Mailing Address 1750 Pine Street			12 / 12 / 2006
	City	State	Zip Code	Transaction ID: DOEVM3558881
	Abilene	TX	79601-3044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthaln		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1000.00	
D.	Full Name (Last, First, Middle Initial) Alexander Glen Rico			Date of Receipt
	Mailing Address 2200 Northwest Myhre			11 29 7 2006
	City	State	Zip Code	Transaction ID: A77G6W865884
	Silverdale	WA	98383-7681	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
s	UBTOTAL of Receipts This Page (optional)		······	990.00
	,			
T	OTAL This Period (last page this line number on	ly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 / 68
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	ay information copied from such Reports and Sta	tomente may	y not be sold or used by any perso	
or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)	
A.	Full Name (Last, First, Middle Initial) William Rosenberger			Date of Receipt
	Mailing Address 408 S Sycamore Street			12 12 2006
	City	State	Zip Code	Transaction ID: DOEVM3815076
	Petersburg	VA	23803-5043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 3820 Tampa Road			M M / D D / Y Y Y
	Suite 101		7' 0 1	12 31 2006
	City Dalm Harbor	State	Zip Code	Transaction ID: 3TKKNW9HQV851
	Palm Harbor	FL	34684-3609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
				PACWEB GENERATED CONTRIBU-
	Name of Employer David Rothberg; MD PA	Occupation Ophthaln		TION
	Receipt For:		Year-to-Date V	_
	Primary General	7.99.094.0		1
	Other (specify) 🔻		500.00	
C.	Full Name (Last, First, Middle Initial) Gary Rubin			Date of Receipt
	Mailing Address 7001 W Archer Avenue			M ' M / D ' D / Y ' Y ' Y ' Y
				12 18 2006
	Chicago	State	Zip Code	Transaction ID: DNEZNH869347
	Chicago	IL	60638-2201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	<u> </u>	Batch Tool - PAC
	self	Ophthaln		
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00]
Г				
s	UBTOTAL of Receipts This Page (optional)			1250.00
F				-
Ιт	OTAL This Period (last page this line number or	ılv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 68 (check only one) X 11a 11b 11c 12
An	ry information copied from such Reports and State for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I			
Α.	Full Name (Last, First, Middle Initial) Mark Ruchman Mailing Address 43 Ferry Bridge Road City Washington FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State CT C Occupation Ophthaln Aggregate		Date of Receipt M
3.	Full Name (Last, First, Middle Initial) John Salisbury Mailing Address 700 West Kent City Missoula FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State MT C Occupation Ophthaln Aggregate		Date of Receipt M M D D 2 0 0 6 Transaction ID: 82651-44622439146042 Amount of Each Receipt this Period 250.00 PAC 1st of 4
)	Full Name (Last, First, Middle Initial) John Salisbury Mailing Address 700 West Kent City Missoula FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State MT C Occupation Ophthaln Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		_	591.25
T	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	nc Politica	I Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Ralph Sando Mailing Address 104 Rose Lane			Date of Receipt
				12 11 2006
	City Haverford	State PA	Zip Code 19041-1604	Transaction ID: 93000-46661013364792 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	19041-1004	250.00
	Name of Employer self	Occupation		PAC 2nd of 4
	Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Delia Sang			Date of Receipt
	Mailing Address 73 Chatham Street			12 26 2006
	City	State	Zip Code	Transaction ID: 3PZY8XJWTTM58
	Brookline FEC ID number of contributing federal political committee.	C	02446-5451	Amount of Each Receipt this Period 312.50
	Name of Employer Ophthalmic Consultants of Boston	Occupation Ophthaln	nologist	PACWEB GENERATED CONTRIBU- TION
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4062.50	
C.	Full Name (Last, First, Middle Initial) David Schlessinger			Date of Receipt
	Mailing Address 350 Muttontown Road			12 07 2006
	City	State	Zip Code	Transaction ID: 1Q496A144970
	Muttontown FEC ID number of contributing federal political committee.	C	11791-2315	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
S	UBTOTAL of Receipts This Page (optional)			927.50
T	OTAL This Period (last page this line number o	nly))	

S	CHEDULE A (FEC Form 3X)		Lice congrete schedule(s)	FOR LINE NUMBER: PAGE 47 / 68
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
			, 0	13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) 4. Todd Andrew Scott				Date of Receipt
	Mailing Address 1240 Colonial Commons	Court		12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State			Zip Code	Transaction ID: 21ALFYKL3KQET
	Lancaster	SC	29720-2200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthaln		PACWEB GENERATED CONTRIBU- TION
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) Richard Shugarman			Date of Receipt
	Mailing Address Apt. 1001 400 N Flagler Drive			12 18 2006
	City	State	Zip Code	Transaction ID: DNEZNH716398
	West Palm Beach	FL	33401-4302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation		Batch Tool - PAC
	Receipt For:	Ophthaln Aggregate	e Year-to-Date ▼	_
	Primary General	33 13	1250.00	
	Other (specify)		1230.00	
Э.	Full Name (Last, First, Middle Initial) Peter Christian Smith			Date of Receipt
	Mailing Address Clearwater Eye and Lase 610 Lakeview Road	er Center		1 2 0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: A5YT0W194324
	Clearwater	FL	33756-3336	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)			2250.00
			•	
Т	OTAL This Period (last page this line number on	ly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 68
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Stephen Solomon			Date of Receipt
	Mailing Address 14999 Health Center Driv	e Suite 10)	11 29 7 2006
	City	State	Zip Code	Transaction ID: A77G6W332185
	Bowie	MD	20716-1079	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupation	<u> </u>	Batch Tool - PAC
	self	Ophthaln		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
3.	Full Name (Last, First, Middle Initial) Jay Bennett Stallman			Date of Receipt
	Mailing Address Georgia Retina Pc 465 Winn Way Suite 100			12 05 7 2006
	City	State	Zip Code	Transaction ID: DPNG8Y304148
	Decatur	GA	30030-1721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation		Batch Tool - PAC
	Pagaint For:	Ophthaln	nologist e Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate	: Teal-lu-Dale V	
	Other (specify) ▼		730.00	
).	Full Name (Last, First, Middle Initial) Jay Bennett Stallman			Date of Receipt
	Mailing Address Georgia Retina Pc 465 Winn Way Suite 100			12 / 07 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 1Q496A874704
	Decatur	GA	30030-1721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		730.00	
s	UBTOTAL of Receipts This Page (optional)		·····	830.00
т	OTAL This Period (last page this line number onl	v)		
		<i>」</i> ,	······	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 68							
ITEMIZED RECEIPTS		or each category of the	(check only one)								
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17								
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions							
$\overline{}$	NAME OF COMMITTEE (In Full)										
\rangle	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)								
۹.	Full Name (Last, First, Middle Initial) Robert Stamper			Date of Receipt							
	Mailing Address Ucsf Department Ophtha 10 Koret Way Room K-3			12 12 2006							
	City	State	Zip Code	Transaction ID: DOEV99711793							
	San Francisco	CA	94143-0001	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer self	Occupation		Batch Tool - PAC							
		Ophthaln									
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼								
	Other (specify)		250.00								
3.	Full Name (Last, First, Middle Initial) Rhoads Stevens			Date of Receipt							
Mailing Address Queens Physician Office Building 1329 Lusitana Street Suite 209				M M / D D / Y Y Y Y Y Y Y 15 2006							
	City	State	Zip Code	Transaction ID: 6K4G4A235953							
	Honolulu	HI	96813	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		365.00							
	Name of Employer self	Occupation		Batch Tool - PAC							
		Ophthaln		_							
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼								
	Other (specify) ▼		365.00								
 Э.	Full Name (Last, First, Middle Initial) Jonathan Stock			Date of Receipt							
	Mailing Address 703 14th Street			12 08 2006							
	City	State	Zip Code	Transaction ID: 31KG6H681500							
	Baraboo	WI	53913-1538	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC							
	Receipt For:		e Year-to-Date ▼								
	Primary General	· · ·	250.00								
	Other (specify) ▼	0 0									
SI	JBTOTAL of Receipts This Page (optional)		·····	865.00							
T	OTAL This Period (last page this line number on	ly)	>								

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17							
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	ements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.							
\rangle	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)								
Α.	Full Name (Last, First, Middle Initial) Drew Stoken			Date of Receipt							
	Mailing Address 338 Alexander Spring Ro	ad		12 18 2006							
	City	State	Zip Code	Transaction ID: 00150-41767519712448							
	Carlisle FEC ID number of contributing federal political committee.	C	17015-9129	Amount of Each Receipt this Period 125.00							
	Name of Employer self	Occupation Ophthaln		PAC 3rd of 4							
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 375.00								
В.	Full Name (Last, First, Middle Initial) Carl Stout Mailing Address 4741 S Cochise Drive			Date of Receipt							
	Walling Address 4741 5 Cochise Drive			11 30 2006							
	City	State	Zip Code	Transaction ID: 14918-26554507017135							
	Independence FEC ID number of contributing federal political committee.	C	64055-6974	Amount of Each Receipt this Period 91.25							
	Name of Employer self	Occupation Ophthaln		PAC 3rd of 4							
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00								
С.	Full Name (Last, First, Middle Initial) Carl Stout			Date of Receipt							
	Mailing Address 4741 S Cochise Drive			12 30 7 9 9 9							
	City Independence	State MO	Zip Code 64055-6974	Transaction ID: 00150-48081606626511							
	FEC ID number of contributing federal political committee.	C	64033-6974	Amount of Each Receipt this Period 91.25							
	Name of Employer self	Occupation Ophthaln	nologist	PAC 4th of 4							
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00								
s	UBTOTAL of Receipts This Page (optional)			307.50							
Т	OTAL This Period (last page this line number on	lv)									

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
Α.	Roanoke FEC ID number of contributing federal political committee. Name of Employer self	State VA C Occupation Ophthalm		Date of Receipt M M
3.	Full Name (Last, First, Middle Initial) Shigemi Sugiki Mailing Address 1380 Lusitana Street Suite	714 State	Zip Code	Date of Receipt 1 2 1 2 2 0 0 6 Transaction ID: DOEVKJ411074
	Honolulu	HI C	96813-2443	Amount of Each Receipt this Period 1000.00
	self	occupation Ophthalm Aggregate		Batch Tool - PAC
- .	FEC ID number of contributing federal political committee. Name of Employer self	State NJ C Occupation Ophthalm		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)			1865.00
т	OTAL This Period (last page this line number only)		.	

SCHEDULE A (FEC Form 3X)			Lisa congrata cabadula(s)	FOR LINE NUMBER: PAGE 52 / 68
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		, p	
\rangle	American Academy of Ophthalmology	Inc Politica	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Maurice Syrguin			Date of Receipt
	Mailing Address 3414 Oak Grove Avenu	ie		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: A77G6W431718
	<u>Dallas</u>	TX	75204-2375	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	_ _	e Year-to-Date ▼	
	Primary General Other (specify) ▼	33 3	500.00	
В.	Full Name (Last, First, Middle Initial) Victor Thomas			Date of Receipt
	Mailing Address Suite 111 225 W State Road 434			12 18 2006
	City	State	Zip Code	Transaction ID: DNEZNH364386
	Longwood	FL	32750-4980	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
<u> </u>	Full Name (Last, First, Middle Initial) Lawrence Ulanski			Date of Receipt
	Mailing Address 16903 Sandstone Circle	е		12 12 2006
	City	State	Zip Code	Transaction ID: DOEVM3234125
	Macomb	MI	48042-1126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Occupation Self Ophthalm				Batch Tool - PAC
			e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1115.00
Т	OTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any or f	y information copied from such Reports and St or commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
3.	Full Name (Last, First, Middle Initial) Arnoldo Villarreal Mailing Address Suite 204 1521 South Staples City Corpus Christi FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mark Volpicelli Mailing Address 1174 Castro Street Suite 100 City Mountain View FEC ID number of contributing federal political committee.	State TX C Occupation Ophthalm Aggregate State CA C		Date of Receipt M
	Name of Employer self Receipt For: Primary General Other (specify)	Occupation Ophthalm Aggregate		PAC 3rd of 4
C.	Full Name (Last, First, Middle Initial) Bruce Weinberger Mailing Address 700 Quail Creek Drive City Amarillo FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State TX C Occupatio Ophthaln Aggregate		Date of Receipt M M 18 2006 Transaction ID: DNEZNH737887 Amount of Each Receipt this Period 300.00 Batch Tool - PAC
SI	JBTOTAL of Receipts This Page (optional)			516.25
TC	DTAL This Period (last page this line number of	only)	b	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 68								
ITEMIZED RECEIPTS			or each category of the	(check only one)								
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17	17								
Δr	w information conied from such Reports and St	atemente may	unot he cold or used by any perso		1							
or	y information copied from such Reports and St for commercial purposes, other than using the	dress of any political committee to	solicit contributions from such committee.									
\setminus	NAME OF COMMITTEE (In Full)											
	American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)									
A.	Full Name (Last, First, Middle Initial) Gary Weiner			Date of Receipt								
	Mailing Address 18 Crestview Drive			12 18 2006								
	City	State	Zip Code	Transaction ID: DNEZQI480748								
	Salina	KS	67401-3586	Amount of Each Receipt this Period	_							
	FEC ID number of contributing federal political committee.	C		1000.00								
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC								
	Receipt For:		e Year-to-Date ▼									
	Primary General		1000.00									
	Other (specify) ▼	0 0	1000.00									
В.	Full Name (Last, First, Middle Initial) Joseph Weinstein			Date of Receipt								
	Mailing Address 4212 Hempstead Turnp	oike		12 19 2006								
	City	State	Zip Code	Transaction ID: 1PWLQ0351958								
	Bethpage	NY	11714-5701	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		100.00								
	Name of Employer	Occupation	n	Batch Tool - PAC								
	self	Ophthaln	nologist									
	Receipt For:	Aggregate	e Year-to-Date ▼									
	Primary General Other (specify) ▼		350.00									
<u> </u>	Full Name (Last, First, Middle Initial) Peter Whitted			Date of Receipt								
	Mailing Address Midwest Eye Care 4353 Dodge Street			1 1 2 8 2 0 0 6								
	City	State	Zip Code	Transaction ID: 6NJ20B793238								
	<u>Omaha</u>	NE	68131	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		1000.00								
Name of Employer Self Occupation Ophthalm Receipt For: Aggregate			Batch Tool - PAC									
		e Year-to-Date ▼										
Primary General			2000.00									
	Other (specify)	0 0	2000.00									
s	UBTOTAL of Receipts This Page (optional)			2100.00]							
T	OTAL This Period (last page this line number of	only)	.									

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 68 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	ıc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Juliann Williams Mailing Address 12100 Southeast Steven	s Court Sı	uit	Date of Receipt
	City	State	Zip Code	1 2 2 3 2 0 0 6 Transaction ID: HEB87QBJ20GT02
	Portland	OR	97086-4707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Northwest Permanente	Occupation Ophthaln		PACWEB GENERATED CONTRIBU- TION
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
3.	Full Name (Last, First, Middle Initial) Arthur Willis Mailing Address Suite 200			Date of Receipt
	2727 Gramercy Street City	State	Zip Code	1 2 0 8 2 0 0 6 Transaction ID: 31KG6H673619
	Houston	TX	77025-1716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln		Batch 1001 - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
 C.	Full Name (Last, First, Middle Initial) James J Wong			Date of Receipt
	Mailing Address 102 East Avenue			12 08 7 2006
	City Norwalk	State CT	Zip Code	Transaction ID: 31KG6H494764
	FEC ID number of contributing federal political committee.	C	06851-5010	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			1800.00
т.	OTAL This Pariod (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 68
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Si for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology		· ·	
Α.	Full Name (Last, First, Middle Initial) Gerald Zaidman Mailing Address Westchester Med Cent Macy Pavilion Room 1 City Valhalla	-	Zip Code 10595	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	Occupation Ophthalm Aggregate		Batch Tool - PAC
В.	Full Name (Last, First, Middle Initial) Carol Ziel Mailing Address McKinley and Ziel Ophi 2025 Frontis Plaza Bou City Winston Salem FEC ID number of contributing	Ilevard Suite State NC	e Zip Code 27103	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary Other (specify) ▼ Primary General	Occupation Ophthaln Aggregate		Batch Tool - PAC
C.	Full Name (Last, First, Middle Initial) Kent Zocchi Mailing Address 27 Montebello Road City Pueblo FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State CO C Occupation Ophthalm Aggregate		Date of Receipt M M M / 28 / 2006 Transaction ID: 6NJ20B248227 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
s	UBTOTAL of Receipts This Page (optional)			775.00
т	OTAL This Period (last page this line number of	only)		54833.75

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 57 / 68 (check only one)							
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17							
Ar or	y information copied from such Reports and Stator commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.							
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)								
۹.	Full Name (Last, First, Middle Initial) Union Bank			Date of Receipt							
	Mailing Address 400 California Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: 1581180612066009258							
	San Francisco	CA	94104	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		55.53							
	Name of Employer	Occupation	1	MM interest 11/06							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 672.59								
3.	Full Name (Last, First, Middle Initial) Union Bank			Date of Receipt							
	Mailing Address 400 California Street			12 31 2006							
	City	State	Zip Code	Transaction ID: 9256660701263599984							
	San Francisco	CA	94104	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		53.71							
	Name of Employer	Occupation	n	MM interest 12/06							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 672.59								

SUBTOTAL of Receipts This Page (optional)	•	109.24
TOTAL This Period (last page this line number only)	•	109.24

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S	CHEDULE B (FEC Form 3X)	Use sene	erate schedule(s)		OR LI			R:			P/	ιGΕ	58 /	68	
IT	EMIZED DISBURSEMENTS		category of the	1_(check o	<u> </u>	,	_		_	٦	_	1	_	-
		Detailed:	Summary Page	<u> </u>	_	Н	22	Ш	23	L	24		25	\vdash	26
_	16 11 10 10				27	للِ	28a		28b	ᆜ	28c	Ļ	29	L	30b
An or	y Information copied from such Reports and State for commercial purposes, other than using the nar	ments may no ne and addres	ot be sold or used ss of any political	d by an comm	y perso ittee to	on for t solicit	the pu t contr	rpos ibut	se of s ions f	ron	cating c	ontr	ibutior mittee	าร	
Λ	NAME OF COMMITTEE (In Full)														
\angle	American Academy of Ophthalmology Ind	Political C	ommittee (OP	HTHE	PAC)										
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID): 6	52180	061	2066	01:	3267
Α.	Union Bank						Date o		isburs	en	nent				
	Mailing Address 400 California Street						1"1		, []	3 (֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	2	o ŏ	6	
	City	State	Zip Code				Amou	nt o	f Eac	h D	isburse	mer	nt this	Peri	iod
	San Francisco	CA	94104				-	-	-						
	Purpose of Disbursement Bank charges 11/06						<u></u>	_	_				1846.	50	
	Candidate Name				egory/ /pe										
	Senate President	ement For: Primary Other (spe	General cify) ▼												
	State: District:														
_	Full Name (Last, First, Middle Initial)					-	Trans	acti	on ID): 5	11311	070	1263	60	7080
В.	Union Bank						Date of	of Di	isburs	en	nent				
	Mailing Address 400 California Street						1 ^M 2	М	/ D	3 1) / \	2	ó o š	6 ^Y	
	City San Francisco	State CA	Zip Code 94104				Amou	nt o	f Eac	h C	isburse	-	-	-	iod
	Purpose of Disbursement Bank charges 12/06				i		L.						1914.	83	
	Candidate Name				egory/ /pe										
	Office Sought: House Disburs	ement For:													
	Senate	Primary	General												
	President	Other (spe	ecify)												
	State: District:														

1		
SUBTOTAL of Disbursements This Page (optional)	<u> </u>	3761.33
TOTAL This Period (last page this line number only)	•	3761.33

	STILL B (I LCT OTTI 3X)	Use seperate schedule(s)		R LIN eck o		UMBEI	ત:		L	AGE	59 / 6	8	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,	Ò	еск о 21b 27	П	22 28a		23 28b	24 280	, F	25 29		26 30b
	y Information copied from such Reports and Statem												5	
or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any politic	aı com	mitte	e to	SOIIC	ıı contri	butic	ons tro	om such	comr	ınıtee		
	American Academy of Ophthalmology Inc	Political Committee (C	PHTH	ŀΡΑ	C)									
	Full Name (Last, First, Middle Initial)									48873	5070	11937	901	12
٦.	Bilirakis for Congress						Date o	_			V . V		V	
	Mailing Address 610 South Boulevard						^M 2		3	D /	2	0 0 6		
		State Zip Code FL 33606					Amour	nt of	Each	Disburs	emen	t this F	erio	t
	Tampa Purpose of Disbursement	FL 33606	т_								-2	2500.0	0	
	2006 General							0				•		
	Candidate Name Bilirakis Gus			atego Type	-									
	Senate President	ment For: 2006 Primary X General Other (specify)	I				Check	Voi	ided					
	State: FL District: 09													
3.	Full Name (Last, First, Middle Initial) Committee To Re-Elect Vito Fossella						Transa Date o			83560	9061	21234	1095	666
							M	л Dis			YYY	0 Ď 6	Υ	
	Mailing Address PO Box 120197 PO Box 060248					12								
	,	State Zip Code NY 10312					Amour	nt of	Each	Disburs	emer	t this F	erio	, t
	Purpose of Disbursement 2006 Debt Retirement (General Election)										2	2500.0	00	
	Candidate Name Fossella Vito			atego Type	-									
	Senate President	ment For: 2006 Primary General Other (specify)	l											
	State: NY District: 13													
Э.	Full Name (Last, First, Middle Initial) Friends of Byron Dorgan						Date o	f Dis	burse					968
	Mailing Address PO Box 871						12	/	^D 0	4 /	ž	0 Ď 6	Y	
	,	State Zip Code ND 58502					Amour	nt of	Each	Disburs	emer	t this F	erio	t
	Purpose of Disbursement 2010 Primary			*							2	2000.0	00	
	Candidate Name Dorgan Byron			atego Type										
		ment For: 2010 Primary General Other (specify)	l											
s	UBTOTAL of Disbursements This Page (optional) .				•				•	•	2	000.0	0	
					_								-	
1	OTAL This Period (last page this line number only)													

		Use seperate schedule(s		check o				L P F	1GE	60 / 6	00	
ΙT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	[21b	2	, 2 <u> </u>	-	24		25	П	26
Δn	y Information copied from such Reports and Staten	nente may not be cold or use	d by a	27	\perp	8a	28b	28c	Ontri	29 hutions	$\bigsqcup_{\underline{i}}$	30b
	for commercial purposes, other than using the nam										5	
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)											
\rangle	American Academy of Ophthalmology Inc	Political Committee (OF	PHTH	PAC)								
	Full Name (Last, First, Middle Initial)				Tr	ansac	tion ID:	210877	061	20433	3226	381
٩.	Friends of Charlie Wilson				_		Disburse					
	Mailing Address 7 Cadiz Pike					M M	[′] 0	^D / C	Ž	0 Ó 6	Y	
	City	State Zip Code			Aı	mount (of Each	Disburse	men	t this F	erio	d
	Bridgeport Pickers and Pickers	OH 43912			- Г		•		2	2500.0	00	
	Purpose of Disbursement 2006 Debt Retirement (General Election)				-	-		-		.000.0		
	Candidate Name Wilson Charles			egory/ ype								
	Office Sought: X House Disburse	ement For: 2006										
	Senate President	Primary General Other (specify) ▼										
	State: OH District: 06	Other (specify)										
	Full Name (Last, First, Middle Initial)				Tr	ansac	tion ID:	065990	061	20433	2119	326
3.	Friends of Sherrod Brown				D	ate of [Disburse	ement	/ * V	· V	V	520
	Mailing Address 2280 Kresge Drive Suite 800				L	M 2 M	0	4	. 2	0 0 6		
	City Amherst	State Zip Code OH 44001			Aı	mount (of Each	Disburse	emen	t this F	erio	d
	Purpose of Disbursement 2006 Debt Retirement (General Election)	11001			L				5	5000.0	00	
	Candidate Name Brown Sherrod			egory/								
	Office Sought: House Disburse	ement For: 2006		71								
	χ Senate	Primary General										
	President State: OH District: 00	Other (specify) ▼										
	Full Name (Last, First, Middle Initial)				T	onco	tion ID:	051060	070	11000	ילפנ	210
Э.	Gingrey for Congress				D	ate of D	Disburse					318
	Mailing Address PO Box U					M M M	/ 1	2 /	2	0 Ď 6		
	City Marietta	State Zip Code GA 30060			Aı	mount	of Each	Disburse	men	t this F	erio	d
	Purpose of Disbursement 2006 Debt Retirement				1 L				4	1000.0	00	
	Candidate Name Gingrey John		1	egory/								
		ement For: 2006		,,								
	Senate	Primary General										
	State: GA District: 11	Other (specify)										
	l											$\overline{}$
S	UBTOTAL of Disbursements This Page (optional)			<u> •</u>					11	500.0	0	
T	OTAL This Period (last page this line number only)			. •	Γ							

S	CHEDULE B (FEC Form 3X)	Use sene	erate schedule(s)				E NUMBER: PAGE 61 / 6					68					
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page			21b 27		1e) 22 28a	X	23 28b		24 28c		25 29		26 30b	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name						for t	he pu		e of	solic	ating	contr	ibutior	าร		
	NAME OF COMMITTEE (In Full)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7														
$ \rangle$	American Academy of Ophthalmology Inc	Political C	ommittee (OP	HTI	ΉF	AC)											
Α.	Full Name (Last, First, Middle Initial) Gingrey for Congress					Transaction ID: 2 Date of Disburser							4061	2123	413	3517	
	Mailing Address PO Box U							1 ^M 2	М	D	13] ′ [Y	o ŏ	6 ^Y		
		State GA	Zip Code 30060					Amou	nt of	Eac	h Di	sburs				od	
	Purpose of Disbursement void ck reported on 12/12/06										-4000.00						
	Candidate Name Gingrey John			С		gory/ pe											
	Senate President	ment For: Primary Other (spe	2006 General				(Check	(Vc	oide	d						
_	State: GA District: 11																
В.	Full Name (Last, First, Middle Initial) Glacier Pac							Trans Date o	of Di	sbur	sem	ent				'196	
	Mailing Address 818 Connecticut Ave. NW Suite 1009	V #1009						12	М	D	0 4]	Ý	o ŏ	6 [*]		
	Washington	State DC	Zip Code 20006					Amou	nt of	Eac	h Di	sburs				bc	
	Purpose of Disbursement 2006 Contribution			Г		•					0		,	5000.	ÜÜ		
	Candidate Name			С		gory/											
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼														
C.	Full Name (Last, First, Middle Initial) Hawkeye Pac, the							Trans					1070	1193	735	5121	
	Mailing Address PO Box 7255							^M 2	М	D	3 ^D	′ [YZ	o ŏ	6 ^Y		
		State IA	Zip Code 50309					Amou	nt of	Eac	h Di	sburs	-			od	
	Purpose of Disbursement 2006 Contribution									_				1000.	00	Ш	
	Candidate Name			C		gory/ pe											
	Office Sought: Senate President State: Disburse Disburse	ment For: Primary Other (spe	General cify) ▼					Check	(Vc	oide	d						
<u> </u>	UBTOTAL of Disbursements This Page (optional) .					•		,				•		0.	00	$\overline{\Box}$	
	OTAL This Period (last page this line number only)							$\overline{}$	-	_	•	•	-	-		Ħ	

	SILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s		(check		UMBER:		L PA	AGE	62 / 6	8	_
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27			X 23 28b	24 28c	Н	25 29	26	6 0b
	y Information copied from such Reports and Statem											
Or I	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any politica	II COITII	millee lo	SOIIC	it Contrib	utions in	om such	COM	iiiiee		_
\rangle	American Academy of Ophthalmology Inc	Political Committee (OF	PHTH	PAC)								
	Full Name (Last, First, Middle Initial)							: 097389	061	20433	2041	8
٠.	McCaskill for Missouri						Disburs		v • v	V	V	
	Mailing Address PO Box 6771					1 ^M 2 M]	04	2	0 0 6		
	•	State Zip Code MO 63144				Amount	of Each	Disburs	emen	t this P	eriod	
	Purpose of Disbursement	63144							2	500.0	0	
	2006 Debt Retirement (General Election)											
	Candidate Name McCaskill Claire			tegory/ Type								
		ement For: 2006 Primary General										
	X Senate President	Other (specify)										
	State: MO District: 00											
2	Full Name (Last, First, Middle Initial)							: 122579	061	20433	1474	0
•	Montanans for Tester					ММ	Disburs	ement	ΥΥ	Y	Υ	
	Mailing Address PO Box 1135					12) 4	2	0 Ď 6		
	•	State Zip Code MT 59624				Amount	of Each	Disburs	emen	t this P	eriod	_
	Purpose of Disbursement	33024							5	0.000	0	
	2006 Debt Retirement (General Election)											
	Candidate Name Tester Jon			tegory/ Type								
		ement For: 2006 Primary General										
	X Senate President	Other (specify)										
	State: MT District: 00											
Э.	Full Name (Last, First, Middle Initial) Nathan Deal for Congress					Transac Date of		: 270345 ement	5070	11936	6724	5
	Mailing Address PO Box 902					1 2 M	/ D3	3 1 /	Ž	0 0 6	Y	
	•	State Zip Code GA 30503				Amount	of Each	Disburs	emen	t this P	eriod	_
	Purpose of Disbursement 2006 Primary								-2	500.0	0	
	Candidate Name Deal Nathan			tegory/ ype								
	Senate X President	ment For: 2006 Primary General Other (specify)	•			Check \	Voided					
	State: GA District: 09											_
s	UBTOTAL of Disbursements This Page (optional) .			•	<u>•</u>		•		5	0.000	0	
T	OTAL This Period (last page this line number only)			•	•							

		Use seperate schedule(s)		(check			₹:	LP	AGE	63 / 6	8	
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27		22 28a	X 23 28b	24 28c		25 29		26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name										3	
Ur 1	NAME OF COMMITTEE (In Full)	and address of any politica	COM	milee (O	SUIIC	it COHILLI	JULIONS T	IOIII SUCN	COHIL	iiillee		
	American Academy of Ophthalmology Inc	Political Committee (OF	PHTH	PAC)								
	Full Name (Last, First, Middle Initial)					Transa	ction ID): 77109	4061	21949	094	132
٦.	People for English						f Disburs		V • V	V	V	
	Mailing Address PO Box 1940					12		19 /	2	0 Ď 6		
		State Zip Code PA 16507				Amour	t of Eac	h Disburs	emen	t this P	erioc	t
	Purpose of Disbursement	FA 10307			_				3	3000.0	0	
	2006 Debt Retirement (General Election)		L		Ш					-		
	Candidate Name English Phil			tegory/ ype								
	Office Sought: X House Disburse	ement For: 2006 Primary General										
	President	Other (specify)										
	State: PA District: 03											
2	Full Name (Last, First, Middle Initial)): 40713	6070	11937	7526	310
٠.	Republican National Committee					Date of	f Disburs	sement	Y Y	Y	Υ	
	Mailing Address 310 First Street Southeas	st				12		3 1	2	0 Ó 6		
	•	State Zip Code DC 20003				Amour	t of Eac	h Disburs	emen	t this P	erioc	d t
	Purpose of Disbursement	20003							-5	5000.0	0	
	2006 Contribution Candidate Name		Car	tegory/	ч							
				ype								
	Office Sought: House Disburse	ement For: Primary General				Check	Voided	l				
	President	Other (specify)										
	State: District:											
Э.	Full Name (Last, First, Middle Initial) Talent for Senate Committee						ction ID): 17801! sement	5070	11937	⁷ 134	20
	Mailing Address 9467 Dielman Rock Islan	nd Ind Drive				1 ^M 2 M	1 / D	3 1 /	y y	0 ŏ 6	Υ	
	City	State Zip Code				Amour	nt of Eac	h Disburs	emen	t this P	erion	
		MO 63132				Amoun	it of Laci	II Disbuis	-		-	_
	Purpose of Disbursement 2006Primary								-2	2000.0	00	
	Candidate Name Talent James			tegory/ ype	1							
		ement For: 2006	'	урс		011						
	X Senate X	Primary General				Cneck	Voided	1				
	State: MO District: 00	Other (specify)										
	State. We Blother to					_				000.5	•	$\overline{}$
S	UBTOTAL of Disbursements This Page (optional) .			•	<u>-</u>	<u></u>			-4	0.000	0	4
T	OTAL This Period (last page this line number only))	•							

	<u> </u>				
S	CHEDULE B (FEC Form 3X)	Use sep	erate schedule(s)		NUMBER: PAGE 64/68
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and St for commercial purposes, other than using the	•		, , ,	, ,
\	NAME OF COMMITTEE (In Full)				
	American Academy of Ophthalmology	Inc Political (Committee (OPH	THPAC)	
	Full Name (Last, First, Middle Initial)				Transaction ID: 4664690701193779070
۹.	Wally Herger for Congress Committee				Date of Disbursement
	Mailing Address PO Box 1500				12 M / D 3 1 / Y 2 0 0 6 Y
	City Chico	State CA	Zip Code 95927		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 General			v v	-1000.00
	Candidate Name Herger Wally		'	Category/ Type	
	Office Sought: X House Senate President	Primary Other (sp	2006 X General ecify) ▼		Check Voided
	State: CA District: 02		•		

SUBTOTAL of Disbursements This Page (optional)	•	-1000.00
TOTAL This Period (last page this line number only)	•	13500.00

S	CHEDULE B (FEC Form 3)	() Use se	eperate schedule(s)			R LINE			R:			PA	GE	65 / 6	8	
IT	EMIZED DISBURSEMENT	S for eac	ch category of the cd Summary Page		(cr	eck on 21b 27	ly o	ne) 22 28a		23 28b		24 28c		25 29		26 30b
	y Information copied from such Reports ar for commercial purposes, other than using			•	•	•			•			_			5	
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmol	ogy Inc Political	Committee (OF	PHTH	IP <i>A</i>	AC)										
۹.	Full Name (Last, First, Middle Initial) Alan Solinsky								of D	isburse	eme	256-3 ent				9635
	Mailing Address Solinsky Eyecare 1013 Farmington							1 2		1	8		2	0 0 6		
	City West Hartford	State CT	Zip Code 06107					Amou	nt o	f Each	Dis	burser	nen		-	d
	Purpose of Disbursement Duplicate Form Processed				0				0	-		-	0	365.0	00	
	Candidate Name			_	teg Γyp	ory/ e										
	Office Sought: House Senate President State: District:	Disbursement For Primary Other (s	: General pecify) ▼													
	GIAIR. DISTURE						1									

SUBTOTAL of Disbursements This Page (optional)	•	365.00
TOTAL This Period (last page this line number only)	•	365.00

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

PAGE 66 / 68 FOR LINE NUMBER: (check only one)

	_
Excluding	Loans

American Academy	of Ophthalmology	Inc Political	Committee	(OPHTHPAC)
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xcluding Loans		numbered line)	(= == = , = =,	X 10
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Polit	tical Committee (OPHTHPAC)			
A. Full Name (Last, First, Middle Initial) of Debtor of Sandler Innocenzi		Nature of De Radio Ads Sullivan	ebt (Purpose): s supporting John	
Mailing Address 705 Prince St				
City State Alexandria VA	ZIP Code 22314			
Outstanding Balance Beginning This Period	22011	Trai	nsaction ID: 2217840	41019425
3330.00				
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of T	his Period
0.00	3330.00			0.00
1) SUBTOTALS This Period This Page (optional)		•	0.0	00
2) TOTALS This Period (last page this line number or	nly)	>	0.0	00
3) TOTALS OUTSTANDING LOANS from Schedule	e C (last page only)	. >		
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only)	 ▶		. ,

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EX	PENDITURES		PAGE 67 / 68 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmology Inc Polit mmittee (OPHTHPAC)	tical Co-		FEC IDENTIFICATION NUMBER ▼ C C00196246
	hour notice		G costoszio
Full Name (Last, First, Middle, Initial) of Pa			Date
Sandler Innocenzi	,		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount
705 Prince St.			80.00
City	State Zip	Code	Transaction ID: V5036280612115718891
Alexandria	-	314	Office Sought: X House State: OK
Purpose of Expenditure			Senate District: 01
Radio Ads	Category Type		Presidential
Name of Federal Candidate supported or Opposed by expenditure: John Sullivan			Check One: X Support Oppose
John Samvan			Disbursement For: Primary General
Onlandar Vana Ta Data Dar Flactica			Other (specify) :
Calendar Year-To-Date Per Election		80.00	
for Office Sought			
Full Name (Last, First, Middle, Initial) of Pa	vee		Date
Sandler Innocenzi			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount
705 Prince St.			3250.00
City	State Zip	Code	Transaction ID: V5007390612115703188
Alexandria	VA 22	314	Office Sought: X House State: OK
Purpose of Expenditure	Category	1/	Senate District: 01 Presidential
Radio ads	Type		1 residential
Name of Federal Candidate supported or Opposed by expenditure:			Check One: X Support Oppose
John Sullivan			
oom oamvan			Disbursement For: Primary General
Calendar Year-To-Date Per Election			Other (specify) :
	3	250.00	
for Office Sought			
(a) SUBTOTAL of Itemized Independent Exp	enditures		3330.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures		0.00
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Benjamin Bank Signature		Date 01	D D 26 2007

Form/Schedule: F3XN

Transaction ID:

Transactions reported on Schedule E are additional expenses for a 10/20/06 Independent Expenditure for John Sulivan. These additional expenses, totalling \$3330, were not included in the 24 hour notice that we filed for John Sullivan's IE. On 12/7/06 we filed a Form 99 noting that we were unaware of these additional expenses and that we were going to report them as debt in our Post-General Report. The debt has been paid off in this YE Report.